



Application for a licence to sell tobacco products

Tobacco Products Control Act 2006

Application guide check list

Important information for the applicant

This guide is to assist with the completion of this application form.

Any sale of tobacco or shisha requires a tobacco licence.

Age – A licence will not be issued to a person under 18 years of age.

Licence type - single premise

Section 1 application for licence

checklist

(a) Type of licence

- * Retail sale – which has the normal meaning of retail sale (includes sales from vending machines).
- * Indirect sale – where the seller and the purchaser are not in the same place at the same time e.g. sale by fax order, mail order, Internet and telephone order.
- * Wholesale sale – where the sale is for the purpose of on sale.

(b) Multiple premises/applications

If you are applying for a licence for more than 1 premises complete form TC1B.

Applicant information

Section 2 name of applicant

A licence can be issued to 2 types of applicants – Individual or Body corporate

* An individual;

An individual is a sole trader or trading in partnership with one or more persons. only one of the persons in a partnership is able to make the application.

* A bodycorporate:

A body corporate is a person who has an Australian public company, an Australian private company, an association or other incorporated or unincorporated entity.

(Note: For a Body Corporate you must provide a copy of the ASIC Extract of Company Officers)

For a body corporate, it is the legal entity's name that appears on all legal and official documents.

This name may be different to the trading name of the entity.

e.g. Joe Bloggs Pty Ltd as the Trustee for the Joe Bloggs Family Trust. The applicant is Joe Bloggs Pty Ltd. XYZ Sales Pty Ltd, trading as XYZ Sales. The applicant is XYZ Sales Pty Ltd.

Applicant address details

A licence to sell tobacco products must specify the premises to which it applies, which is the address at which tobacco products are sold. It is important to include all the details of an address of the premises as it clearly distinguishes the premises.

Section 5 premises

An example of the required address is -

Office/shop/unit/level and number:

SHOP 6, 1ST FLOOR

Name of building/shopping centre/other:

METROPOLITAN SHOPPING CENTRE

Street/lot or location number:

123 MIDDLETOWN HIGHWAY

Suburb/City

PERTH

Postcode: 6000

Leave blank if there is not an office/shop/unit/level number or name of building etc.

Section 6 business – personal and contact details

Check list

The postal address of the applicant.

This address will be used to post all information about licensing, including renewal notices.

Suitability of applicant -individual and body corporate

Section 7 applicant must answer all questions (a) to (e)

A licence can only be issued to a person who is fit and proper to hold a licence. The applicant is required to answer “Yes” or “No” to all the questions listed on the application form.

WA Health will conduct random audits of licence applications to assess an applicant’s probity which may require an applicant to provide a national criminal screening record.

If the applicant is an individual, the questions only apply to the individual, not any partners that the applicant is in partnership with.

For **body corporates**, the questions apply to all officers of the body corporate.

Under question 7(c) “corresponding law” refers to a law of another Australian State or Territory or of the Commonwealth that corresponds to or has similar purposes to the *Tobacco Products Control Act 2006*.

If you answer yes to any of the questions in section 7 then the following information must be provided:

- (a) Criminal records relating to any conviction of the applicant;
- (b) Any decision in proceedings before tribunal such as State Administration Tribunal (SAT), to which the applicant has been party;
- (c) Any documents relating to pending charges or any other information that may be necessary to assist in assessing if the applicant is a fit and proper person to hold a licence.

Authorisation to make application

Section 8 details and signature of person making application

If the applicant is –

An **individual** named in section 2, a signature is required at point (a).

A **body corporate**, a director or a nominated person under a power of attorney is required to authorise this application on behalf of the corporation.

Contact person for queries about application

Please provide contact person details, who is not the applicant, if there is a query regarding this application.

Payment options

Prescribed fees must accompany application

- * Retail sale \$317.00
- * Indirect sale \$317.00
- * Wholesale sale \$775.00

If a licence for more than one type of sale is sought, the fees for each type of sale must be paid.

Contact WA Health on 1300 784 892 for your customer reference number if you would like to make internet or telephone payment.



Bill code: 474148
Ref:

Telephone & internet banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings or transaction account.

Record BPAY® receipt number here: _____



Bill code: 474148
Ref:

Telephone & internet banking – BPOINT®

Pay with your Credit Card (Visa or MasterCard) using BPOINT®
Phone: 1300BPOINT (1300 276 468)
Internet: www.bpoint.com.au/payments

Record BPOINT® receipt number here: _____

Cheque or Money Order

Make Cheque or Money Order payable to “Department of Health” and send with this Application form (Lodgement details on Application Form).



Application for a licence to sell tobacco products

Tobacco Products Control Act 2006

Office use only:

ENQUIRIES – 1300 784 892

Important information for the applicant

- * Read the application guide before completing this form.
- * Please use BLOCK LETTERS and a black or blue ballpoint pen.
- * Tick applicable boxes.

Web: www.health.wa.gov.au
 Business hours: 8.30am – 4.30pm Monday-Friday
 For interpreter services contact TIS National on 131 450

Lodgement Information:
 Post: WA Health, PO Box 1335,
 WEST LEEDERVILLE WA 6901
 Email: tcb@health.wa.gov.au

Licence type

1. Application for Licence

(a) I/We apply for a Licence to sell tobacco products by way of the following type of types of sale:

Retail sale Indirect sale Wholesale sale

(b) Is this form being used for more than one premise? (if so complete form TC1B)

Applicant information

2. Name of applicant - If an individual (First name + middle name(s) + surname)

(Proof of ID must also be provided – applicants’s current driver’s licence or current passport)

OR

Name of applicant - If a body corporate – name of body corporate

(Applicant must not be in a trust name. An ASIC extract of company officers/directors must be provided)

3. Applicant’s ACN. (Australian Company Number)

4. Applicant’s business name

(A person trading under a registered business name must provide a copy of the **Record of registration for business** (available from ASIC) detailing the person or persons to whom the business name is registered)

Applicant address details

5. Premises

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street/lot or location number:

Suburb/city:

Postcode:

6. Business Contact Details

Postal Address:

Suburb/city:

Telephone/Mobile:

Email:

Postcode:
Fax:

Suitability of applicant – individual and body corporate

7. Applicant must answer ALL Questions (a) to (e)

(If a body corporate is the applicant, the following questions must be completed on behalf of the body corporate and all office holders)

- | | Yes | No |
|---|--------------------------|--------------------------|
| (a) Has the applicant been refused or disqualified from holding a licence under the Tobacco Products Control Act 2006 (Act) or a corresponding law? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Has the applicant been issued with a Licence under the Act or a corresponding law that is suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Has the applicant at any time been convicted of an offence under the Act, a corresponding law or the repealed Tobacco Control Act 1990? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Has the applicant at any time, in the 10 years prior to this application, been convicted anywhere in the world if an offence involving fraud or dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Is the applicant the subject of a pending charge anywhere in the world for an offence involving fraud or dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to any of the above questions, additional information is required.

See application guide.

Important note for all applicants: WA Health may require an applicant to provide a national criminal screening record.

Authorisation to make application

8. Applicants signature

(a) If applicant is the individual named at question 2:

Signature: Date:

If a partnership, an authorised partner must sign this application:

Signature: Date:

or

(b) If applicant is the body corporate named at section 2 a director must sign this application:

(For other Organisations see application guide.)

First name:

Surname:

Position: Date of birth:

Telephone: Fax:

Signature: Date:

Warning – a person must not, in relation to the issue of a licence, give false or misleading information. Penalty – up to \$20,000

9. Contact person for queries about application

First name:

Surname:

Position:

Telephone: Fax:

Email:

Payment options

10. Prescribed fees must accompany application

Refer to the second page of the application guide for details of the fees required to be paid.